Siale of Carlornia—Health and Wellare Agency Form Approved OMS No. 2050—0039 (Expires 9-30-91) Please pilot of type. If one casigned for use on allie (12-pitch typeweller). See Instructions on Back of Page 6 and Front of Page 7 UNIFORM HAZARCOUS CADAGO CONTRACTOR CONTRACT Generator a Name and Malling Address

PRODUCT PROPERTY AVE. VAN NAME (A. Generator a Prono (S.R.). 781-1010 A. State Manifest Obcument Number 8944356 AHQ56-0/7506 State Transportor a ID: 0/1889 MARTINI UND AMPARE INC CADO 0 888 863 signated Facility years and She Addigns DECA LECOVERY SERV BOY 8 NUMBERS BOD CADOH224500 CADO 422 40001 413-1918-099 Trief Co. ROOM 11. US DOT Description (including Proper Shipping Name, Hazard Class, and iD Number) "ROMAZAEDUS WASTE LIQUID N.O.S. ORM-E N.A. 9/69 DF Additional Descriptions for Materials Listed Abov SAEVT SSEDSE FLUK 978 OK, 18 WATER AND TRACES OF ACIO WEAK COSCLES, CLOVES, PROTECTIVE CLOTAINS + PROASE RESPENTANCE CLEAR NAILE LOADING OR UNLOADING GENERATOR'S CERTIFICATION: I hereby declare that and are classified, packed, marked, and labeled, and are national government regulations. If is in a large quantily gonerator, I certify that I have a pro-to-be gonomically practicable and that I have a elected the greeent and future threat to human health and the environm Month Day Year 0 12690 Printed/Typpd Name

KHODEK SLEEM
19. Discretes Single Space 101/12/61910 20. Facility Owner or Operator Certification of receipt of hazardous muterials govered by this manifest except as noted in tem Month . Day 10/12/6/10 IS 8022 A (1788) Do Not Write Below This Line

While: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Socramento, CA 95812

(Rev. 9 88) Previous editions are obsolute